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**1. Name of conveying party(ies)**

KORMAN, Doron

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) 6/11/2006

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
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☐ Executive Order 9424, Confirmatory License  
☐ Other \_\_\_\_\_

**2. Name and address of receiving party(ies)**

Name: MEDIC4ALL A.G.

Internal Address: \_\_\_\_\_

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City: Zug

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Country: CH Zip: CH-6304

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**4. Application or patent number(s):**

☐ This document is being filed together with a new application.  
A. Patent Application No.(s)  
10/596,378  
B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

**5. Name and address to whom correspondence concerning document should be mailed:**

Name: Gregory Scott Smith

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**6. Total number of applications and patents involved: 1**

**7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00**

- ☒ Authorized to be charged by credit card  
☐ Authorized to be charged to deposit account  
☐ Enclosed  
☐ None required (government interest not affecting title)

**8. Payment Information**

a. Credit Card Last 4 Numbers 2005  
Expiration Date 07/07

b. Deposit Account Number \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

**9. Signature:**

/Gregory Scott Smith/

Signature

June 12, 2006

Date

Gregory Scott Smith  
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

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